



REVISED TOTAL COLIFORM RULE SAMPLE SITE PLAN

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF MUNICIPAL FACILITIES
SFN 60767 (2-2015)

www.ndhealth.gov/mf

Public Water System (PWS) Name:		PWS Number: (ex: ND1234567)	
<input type="checkbox"/> All samples collected on the same day from different taps (If using this method, sampling early in the month is recommended) <input type="checkbox"/> Samples collected on a regular interval throughout the month		Operator Name:	
Site ID:	Physical Address:	Site/Tap Description:	Additional Site Info: (If applicable)
RTCR			
RTCR			
RTCR			
RTCR			
RTCR			
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RTCR			
RTCR			
RTCR			
RTCR			
RTCR			
		Send this form and a map showing the sites to: Division of Municipal Facilities 918 E. Divide Ave., 3rd Floor Bismarck, ND 58501-1947 Telephone Number 701.328.5211 Fax Number 701.328.5200 * To submit more sites, use additional forms.	